MULTIPLE : ▮DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/53/493	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—						51						
2		—					52						
3		—					53						
4		—					54						
5	/						55						
6		/					56						
7	/						57						
8		/					58						
9		/					59						
10	/						60						
11		/					61						
12		/					62						
13							63						
14							64						
15							65						
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18							68						
19							69						
20							70						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	8						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)